



Prevention of Clinical Course and Complications of Lymphedema

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Abstract: The article provides information on the clinical course of lymphedema and its complications. At the same time, a new type of classification was recommended, taking into account all types of complications and clinical discord disorders. This classification allows lymphedema patients to choose information about their overall condition and the treatment they need.

Key words: lymphedema, circular fibrosis, limforea.

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Introduction. Lymphedema is a complex pathology of the chronically developing lymphatic system, a disease characterized by a dense concentrated tumor, which, due to the partial or complete blockage of lymph flow, accumulates a protein-rich fluid into the intercellular space[1]. Lymphedema is one of the topical treatments of Medicine and today the spread of this fastness around the world is given in different literature in different ways. For Example Tzani I. According to data from 2018, 140-250 million people were infected with lymphedema [2]. Foldy M. According to data from 2005, 700 million people may have been infected with leg lymphedema. In Europe, 15-18% of patients diagnosed with mammary gland cancer develop post-traumatic lymphedema [1]. Complications of lymphedema with lymphangitis, i.e., the discharge of lymphatic vessels into streptococcal infection, cause an inflammatory process there, if timely treatment is not carried out, a seizure of sepsis development occurs. In patients, swelling in the legs and arms as a result of the strain of the disease can cause aesthetic discomfort, which means that the patient is separated from society due to shame from his body and given a depression. Due to the complication of the disease with saramas, the skin damages the maxillary immune system, which, as a result of minor skin injuries, develops inflammation as a result of a bacterial infection of the skin, the skin shows signs of hyperemia, maxillary charorat in between and general intoxication. Lymphatic cysts are caused by enlarged lymphatic pathways resulting in small blisters on the skin. Good quality skin derivatives papilomas are formed under the influence of strong pressure on the skin, and papilomas are also reduced if lymphadrenage improves if the pressure on the skin is lowered [3].

The purpose of the work: to study the clinical course of lymphedema disease and ensure the Prevention of complications.

Material and method: in the study of patients, the medical history of the disease, the etiological factor that led to the disease, the age of the patient, gender and type of labor activity and complications of the disease were studied. At the same time, the index of Circuital fibrosis, saramas relapse, trophic ulcer, hyperkeratosis, limforea, obesity and ka (the degree of enlargement of the infected leg in relation to a healthy leg) was studied. In addition, patients with lymphedema were found to have social activity in society. The total number of patients in our observation is 80, of which females are 52 (66%), males are 28 (34%), congenital lymphedema is 18 (29%), acquired lymphedema is 44 (71%), posttraumatic is 11 (25%). Lymphedema has been observed in 7 patients(16%) after different tasrichs, and in 26 patients (59%) after saramas. When patients are analyzed by age, the total number of patients is 80, of which the age group is 18 (22.5%) under the age of 1-15, 41(51.3%) under the age of 15-35, and 21(26.3%) under the age of 35-65. Patients with Anamnesis of 1-5 years according to the duration of the disease have a disease history of 25(31.3%), patients from 5-10 years-40, up to 10-15 years., while the other 15 have more than 15 years of disease history. Lymphedema levels 1-2 were observed in 18 people (22.5%) of the patients in our control if the level of lymphedema is different in 4. 48 (60%) showed 3-degree edema, and the remaining 14 (17.5%) showed 4-degree edema. Complications with lymphangitis were observed in 11 out of 18 patients(61%) between the ages of 1-5 when studied. Of the 41 patients aged 15-35, 8(19.5%) had lymphangitis. In contrast, 21 patients aged 35-65 did not experience lymphangitis. When saramas complications were analyzed, 1 (5.5%) of patients between the ages of 1-15 had saramas complications in 11 (26.8%) of patients between the ages of 15-35, and 9(42.8%) of patients between the ages of 35-65. In contrast, complications with circular fibrosis were not observed until the age of 1-15, with 41 patients aged 15-35 developing in 13 patients(31.7%), and 21 patients aged 35-65 developing in 19. Patients with 1-2 degree edema were diagnosed with saramas in 12% of patients with 3 degree edema observed in 14%. In 4 degree edema, complications with saramas were observed in 24% of patients.

Results and discussions: then, when the clinical course of lymphedema is analyzed, the complication with lymphangitis is a high percentage in patients under 15 years of age. This is due to the fact that patients receive skin injuries and often violate the rules of personal hygiene, and the skin has a child-specific thinness. Complications with Saramas were observed in a high percentage of patients under 65 years of age, the reason for this is due to the fact that over time the skin begins to deteriorate the immune system and accumulates protein-rich fluid for the growth and development of streptococci. With an increase in age comorbid pathology there are cases of infected patients, while fibrosis changes in the soxa, which has undergone lymphedema, have increased.

Conclusion. When taking patients with lymphedema under the age of 15 and not far from the amanesis of the disease, it is necessary to carry out the necessary measures to prevent the development of lymphangitis. For example, not to injure nails and skin and prevent the bites of cartilage. Recommended antibiotic ointments for prophylactic purposes, in addition to preventing skin damage due to the high risk of complications with saramas in the care of patients aged 15-35 years. Treatments that improve skin hydration and oxygen supply are recommended to prevent fibrosis changes in the skin in long-term cases of lymphedema in patients aged 35-65 years.

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